

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90084 045 ****61.25

DOCUMENT # N95000004163

1. Entity Name

PALM POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33453	Mailing Address CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33453
--	--

2. Principal Place of Business 969 S. FEDERAL Hwy	3. Mailing Address 969 S FEDERAL Hwy
--	---

Suite, Apt. #, etc. SUITE 401	Suite, Apt. #, etc. SUITE 401
----------------------------------	----------------------------------

City & State STUART, FLORIDA	City & State STUART FLA
---------------------------------	----------------------------

Zip 34994	Country USA	Zip 34994	Country USA
--------------	----------------	--------------	----------------



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645600	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. CORNETT, GOOGE, ROSS & EARLE, P.A. 401 E. OSCEOLA STREET STUART FL 34994	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
--	--	------

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BURKHARDT, ALAN STREET ADDRESS 3454 SW COCO PALM DRIVE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete	TITLE VP NAME ALAN BURKHARDT STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BIDWELL, MARK STREET ADDRESS 1350 E. NEWPORT CENTER DR., STE 200 CITY-ST-ZIP DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete	TITLE PD NAME DENNIS MADEBACH STREET ADDRESS 3412 COCO PALM DRIVE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME ALLEN, ALICE STREET ADDRESS 1350 E. NEWPORT CENTER DR., STE 200 CITY-ST-ZIP DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete	TITLE TD NAME JOHN WELAND STREET ADDRESS 2418 COCO PALM DRIVE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME CRUZ, DEANNA STREET ADDRESS 1350 E. NEWPORT CENTER DR., STE 200 CITY-ST-ZIP DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete	TITLE SD NAME VICKI PLUMMER STREET ADDRESS 3136 SW SOLITAIRE PALM DR CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME TOM ROLANDO STREET ADDRESS 2903 PONO WAY CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>SIGNATURE REQUIRED</i>	PRESIDENT PPHOA	3-1-02	772-219-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/01)